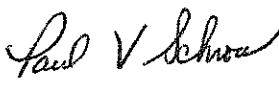


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 09/17/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505309</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/17/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAREAGE OF WHIDBEY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>311 NORTHEAST 3RD STREET COUPEVILLE, WA 98239</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Life Safety Code Survey was conducted at Careage of Whidbey, Coupeville, Washington, on September 17, 2013 by staff from the Washington State Patrol, Fire Protection Bureau, Oak Harbor Detachment. The 2000 existing edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.</p> <p>The LTC 112 bed facility with a census of 95, consisted of a Type V-111, 1 story structure with no basement and built in 1995. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade and have an all weather surface and lead to a public way.</p> <p>The deficiencies identified during this survey are listed below.</p> <p>The facility is not in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p> Deputy State Fire Marshal</p>	K 000			
K 018 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6</p>	K 018			

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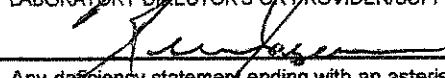
OCT 09 2013

FIRE PROTECTION  
BUREAU

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X9) DATE



Administrator

9/24/13

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 048	Continued From page 2 patients and for their evacuation in the event of an emergency. 19.7.1.1  This Standard is not met as evidenced by: Based on record review, the facility failed to maintain a written plan for the protection of all residents and for their evacuation in the event of an emergency in accordance with the Life Safety Code. Findings include:  An examination of the facility ' s emergency plan on September 17, 2013 at 2:00 PM revealed that the plan was last revised/updated on May 7, 2012  These findings were acknowledged by the Maintenance Director.	K 048	Careage of Whidbey emergency/disaster plan will be reviewed and revised yearly.  Maintenance will ensure ongoing compliance	10/21/13
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Smoking regulations are adopted and include no less than the following provisions:  (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.  (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.  (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.  (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are	K 066	Please see attached revised smoking policy.          <b>RECEIVED</b>  <b>OCT 09 2013</b>  <b>FIRE PROTECTION BUREAU</b>	10/17/13

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K 066	<p>Continued From page 3</p> <p>readily available to all areas where smoking is permitted. 19.7.4</p> <p>This Standard is not met as evidenced by: Based upon record review along with observations and staff interviews, the facility failed to adhere to the written smoking procedures for the facility. This has the potential to cause a fire to occur due to staff, visitors and possibly residents smoking in areas not equipped with ashtrays and approved containers.</p> <p>During the document review of the smoking policy on September 17, 2013 at 2:45 PM the plan was not as informative as to no smoking policy, residents that were at the facility prior to change date and safety measures.</p> <p>These findings were acknowledged by the Maintenance Director.</p>	K 066		

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OCT 09 2013

**FIRE PROTECTION  
BUREAU**

SUBJECT: Smoking Policy	REFERENCE # 1005-35
DEPARTMENT: Skilled Nursing	PAGE : 1
	OF : 1
	EFFECTIVE:
APPROVED BY:	REVISED:

Careage of Whidbey is a smoke free facility. Residents are not allowed to smoke on facility property. An exception is made for the one resident that was a Long term care resident in this facility prior to it becoming a non-smoking facility. An area in the courtyard is provided for that one resident.

This resident will be individually assessed quarterly on her safety and ability to smoke unsupervised and the appropriate care plan will be implemented.

If this resident is shown by assessment to be at risk to smoke unsupervised then facility will provide supervision while smoking.

Resident will be offered smoking apron

Oxygen is not allowed within 25 feet of the smoking area in the courtyard while this resident is smoking.

At the time that this current resident is no longer smoking at our facility, this facility will be a non smoking facility for all residents.